

**N.C. Division of Aging and Adult Services, Administrative Letter No. 08-01
Adult Services Section**

Date: January 31, 2008

Subject: SA In-Home Payment Tracking Quarterly Report Updated Instructions

Distribution: County Directors
Special Assistance Supervisors
Adult Services Supervisors

Effective Date: February 1, 2008

I. Background and content of change

The Division of Aging and Adult Services (DAAS) continues to receive and review information on payment utilization for all clients receiving services through the Special Assistance In-Home (SA/IH) Program. This information is critical to provide ongoing information to the General Assembly as well as to provide an understanding of the economic gaps that arise when individuals choose to remain at home with services.

Due to the continuing growth in the SA/IH Program, DAAS will no longer be able to accept the SA In-Home Payment Tracking Quarterly Reports by mail or fax. Effective immediately DAAS is implementing an automated system which enables us to receive county SA/IH Excel Quarterly Payment Tracking reports, and upload the information into an Access database. In order for this to work, the Excel Workbooks must be completed correctly. New instructions are included on the first and second tab of the Workbook. Please read them carefully before submitting reports.

Counties may begin to use the new instructions with the October-December 2007 reports due February 28, 2008, and are **required** to use the new instructions with the January-March 2008 reports.

II. Highlights of the revised instructions include

- A. Due to HIPPA regulations we cannot use client Medicaid ID's (MID) on this report. Instead, use the 8-digit EIS Case ID.
- B. Diagnosis information will no longer be captured. Please do not complete this information. The instructions "Leave Blank" now appear where the diagnosis code was entered.
- C. Do **not** rename the worksheets on the tabs at the bottom of each worksheet. Leave as *Client 1*, *Client 2*, etc. To do so will compromise the integrity of the data for the ACCESS download, and the ability of the Division to utilize the data. The client list will appear automatically in the *Client List* worksheet if the *Client 1-50* worksheets have been properly completed.

III. Saving and Submitting the Report

The report form in Excel is included as a second attachment in the same email as this administrative letter. The report is also available in the DAAS online manuals website. County DSS staff should complete the report quarterly and email to the Division.

A. Saving the Report

1. When entries have been completed for each client, save the file as an Excel workbook. Name the file according to your SA/IH assessment tool login name followed by the Month of report submission.

Note: The correct *naming* of the file to be emailed is critical.
Do not use quotation marks in the file name.

(Example: *alamance1January08.xls*. (The *.xls* will be added automatically onto the file name. Do not type .xls.)

2. Social workers with more than 50 SA/In-Home clients will need to make a copy of the blank workbook before starting so that they can complete a second workbook to accommodate the additional clients.

The second workbook file name should indicate it is part 2. Using the above example, name it *alamance1January 08 part 2.xls*.

B. Emailing the Report

1. Email the report to the Division of Aging and Adult Services to Monica Nealous at Monica.Nealous@ncmail.net.
2. Use the following subject header in the email: **County Name SA/IH Payment Tracking Report**. This is vital as it will insure that we are able to find the reports when searching the email inbox.

IV. Report ongoing due dates have not changed.

The due date will continue to be the last day of the second month following the end of the reporting quarter. Figure 8 in SA/IH Manual 5600, lists due dates through February 2010.

V. Instructions for Completing the SA Payment Tracking Quarterly Worksheet

The instructions found on the following page are provided in the Excel workbook in the "Add'l Instructions" worksheet.

**Revised INSTRUCTIONS FOR COMPLETING THE
SA IN-HOME PROGRAM – PAYMENT TRACKING REPORT**

Information on the use of the SA/IH payments is critical for evaluating the success of this Program and is requested quarterly. Results are compiled and used by the Division to provide reports to the General Assembly for continuing and expanding the Special Assistance In-Home Program.

Due to the continuing growth in the program, we are automating the tabulation of the data from your payment tracking reports. The **revised Payment Tracking Form** will be included in the SA/IH online manual. The appropriate Adult Services SA/IH case managers must complete and submit the forms by *e-mail only* by due date. We will not accept faxed or mailed copies.

In order for us to be able to receive data in a way that is compatible with our automated reporting program; we are issuing these revised instructions.

The report should include individual client information with SA payment amounts and the service or item the money was intended to purchase. This form is designed to organize and allow an easy way for the Adult Services case managers to extract payment information from the SA/IH recipient's service plan onto the tracking form so that it may be reported to the Division. The case manager should already have all this information and be keeping up with it on a monthly basis.

The workbook/spreadsheet now holds 50 clients. We no longer have a 25 client workbook.

The following is a description of the information needed.

- A. **Date Submitted:** Enter the date you submit the form by typing in the first client list. This will repeat on all subsequent client sheets.
- B. **County Name:** Enter your county name here.
- C. **Client's Name:** This name should be written as it appears on the client's SA application and Medicaid card. First name *space* last name
- D. **Case Manager's Name:** This is the name of the case manager who is assigned to the client.
- E. **Formerly MID#; Now EIS CASE ID:** Enter 8 digit EIS CASE ID
- F. **Disability Diagnosis:** We will be removing the name on this field and will not be collecting diagnosis information on this report. DO NOT USE THIS FIELD.
- G. **Month of Payment:** These are the three months in the quarter to be reported. A client may not have information to be included for every month. It will depend on when he/she applied and when the case is terminated. Complete this information only for months in which the client was eligible and received a payment. Enter "0" in "Month's SA Payment Total Am't:" for months where the client was not an SA/IH recipient.
- H. **Total SA/IH Payment Amount (Spreadsheet Line 10).** Enter the total amount received each month on the line provided. This amount equals the SA/IH payment as documented in the Eligibility Information System (EIS). Any partial or supplemental payments should also be documented under the appropriate month.
- I. **Category of SA Payment Use (amount and service):** Use the drop down boxes **only** to list each service or item. Enter the amount allocated for each one in the column beside the drop down box. Please itemize (rounded dollar amount) how much of the payment is allocated for each service or item. If no appropriate choice is available in the drop down boxes, use the drop-down box in #5 and choose "other". This is the only drop-down box where the choice "other" is available.
Example: Total SA/IH Payment = \$250: Itemization - \$200 for adult day care, \$25 for medications, \$25 for Nutritional Supplements (e.g., Ensure). The total of the individual items must equal the total amount of the SA/IH payment. This should match the information documented in the service plan.
Tip: When reporting how funds are used, use service related descriptions. For example, the client received a payment of \$200 to pay for parts for her son to repair her car which her caregiver uses to take her to adult day care and medical appointments. Instead of listing "Wal-Mart" or "Advance Auto" on the report, list "Car Repairs" or "Transportation" and show the dollar amount.
- J. **Other Assistance:** List the rounded amount of other assistance received by the client.
- K. **Reason for Termination of SA/IH:** Complete this entry only for the month in which SA/IH benefits are terminated. Please list the reason for the termination using one of the choices provided in the drop-down box.

If you have any questions regarding this information, please contact your Adult Programs Representative, or either Brenda Porter, SA Program Coordinator, or Chris Urso, SA Program Administrator, at (919) 733-3818.

Sincerely,

A handwritten signature in black ink that reads "Dennis W. Streets". The signature is written in a cursive style with a large, stylized 'D' and 'S'.

Dennis W. Streets
Director

DWS/cu

Attachment (to email version only)